

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22705

BIRTH NO.		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 5621		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY <b>KNOX</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>KNOX</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - LYON</b>		c. LENGTH OF STAY (in this place) <b>55423</b>		c. CITY OR TOWN <b>0528</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 1/2 MI NE HURDLAND</b>				e. STREET ADDRESS (If rural, give location) <b>3 1/2 MI NE HURDLAND MO</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>RIKEY</b>		b. (Middle) <b>WILLIAM</b>		c. (Last) <b>ROUSH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 25 1955</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>SEPT 6 1874</b>	
9. AGE (In years last birthday) <b>80</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>EDINA MO MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JAMES ROUSH</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH JANE GRIM</b>		14. NAME OF HUSBAND OR WIFE <b>EFFIE M. SAMS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MYRTLE LINGENFELTER HURDLAND</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Acute Asphyxia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Hemorrhage</b> DUE TO (c) <b>unknown</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1955</b>				INTERVAL BETWEEN ONSET AND DEATH <b>18 hr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>7-25</b> , 19 <b>55</b> , to <b>7-25</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>7-25</b> , 19 <b>55</b> and that death occurred at <b>10:12 AM.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Stamuel D.</b>		23b. ADDRESS <b>Edina Mo</b>		23c. DATE SIGNED <b>7-26-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JULY 27 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LINVILLE</b>		24d. LOCATION (City, town, or county) (State) <b>EDINA MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>Aug. 2-55</b>		REGISTRAR'S SIGNATURE <b>Helle S. Hummel</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. Hessler Jr Hurdland Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Geo B Easley Jr*.....

Licensed Embalmer No. *3754*

P. O. Address *Hurdland*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.